

PAYEE REGISTRATION

State of Michigan
State Budget Office
Office of Financial Management
P.O. Box 30026
Lansing, Michigan 48909

PHONES

Lansing (517)373-4111
Toll Free(888)734-9749
Fax Number(517)373-6458

Form DMB – 20-OFM (03/09)

AUTHORITY: Act 431 of 1984.
COMPLETION: Voluntary
Completion necessary for inclusion
In master vendor/payee file.
A W-9 Form must be submitted for new
Registrations.

1. TAX IDENTIFICATION NUMBER (TIN)

(Use Social Security if sole proprietor)

FEIN SSN

☐☐

Last 4 only if a SS#

2. NAME (Or Legal Business Name as Registered with IRS)

Doing Business As:

3. TYPE OF OWNERSHIP☐ Individual/Sole Proprietorship (Name of Individual

)

First

Middle

Last

☐ Partnership (Partnership does not include marital status.)☐ Government (Federal, State and Local)☐ Non-Profit☐ Non-Profit 501c(3)☐ Corporation, State of

☐ Limited Liability Company, State of

4. CURRENT ADDRESS (Street and /or P.O. Box)Attn – 1:

 Phone: (

)

Attn – 2:

 Fax: (

)

Street/PO Box:

City:

 State:

 Zip:

 -

Contact Name:

 E-mail Address

5. OLD/INACTIVE ADDRESSAttn – 1:

 Phone: (

)

Attn – 2:

 Fax: (

)

Street/PO Box:

City:

 State:

 Zip:

 -

6. REMITTANCE ADDRESS (Street and /or P.O. Box)Attn – 1:

 Phone: (

)

Attn – 2:

 Fax: (

)

Street/PO Box:

City:

 State:

 Zip:

 -

Contact Name:

 E-mail Address

7. Vendor Signature:

 Date:
